CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box

		FORM C/OF	i
CHY	RECEIVED CAYER	SHEET PG 1	

The C/OH INSTRUCT	ΓΙΟΝ GUIDE explains how to	complete	I ACCOUNT# (Ethica (p))nmissio	n filets) 🏳 🛭	2 Total pages filed 2: 50 43	
3 CANDIDATE/ OFFICEHOLDER	TITLE FIRST	Т		МІ	OFFICE U	JSE ONLY
NAME	Mr. (Carroll		W. SUFFIX	Date Received	
	Sch	nubert				
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	; C	ITY; STATE;	ZIP CODE	Date Hand-delivered or	Data Bastmarked
Change of	P.O. Box 460455	Sa	an Antonio.TX782	246	Date Hario-Delivered of	Date Fostillained
5 CAMPAIGN	TITLE FIRS			MI		
TREASURER NAME	Mrs. Al	lison			Receipt #	Amount
	NICKNAME LAST			SUFFIX	Date Processed	1
				07.75	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE	E); APT / SUI	TE#; CITY;	STATE;	ZIP CODE	
	1723 Typhoon		San Aı	ntonio, TX	78248	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUME (210) 493-3430	BER	EXTENSION .	N		
8 REPORTTYPE	January 15 30th da	ay before electio	n Runoff		15th day after ca appointment (office	mpaign treasurer eholder only)
	July 15 Sth day	y before election	Exceeded	\$500 limit	Final report (Attacl	n C/OH - FIR)
9 PERIOD COVERED	Month Day Year	THRO	Mon' UGH	th Day	Year	
	07 01 02		12	31	02	
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TY Primary			General	Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICESO	OUGHT (ifknown)		
	City Council District 9					
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are cam Candidates are required to disclose					
EXPENDITURE BY OTHER INDIVIDUALS	Name					
	Address I PO Box; Apt. / Suite #; City	y; State; a	Zip Code			
additional pages						
		GO TO	PAGE 2			3,1 -

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box

ORT: FORM C/OH

RECEIVED COVER SHEET PG 2

CITY OF SAN ANTONIO

14 C/OH NAME	•		ACCOUNT #(Ethics Commission filers)
Carroll W. Schub			
16 NOTICE		of political expenditures by political committees to support the candidate / of	
FROM POLITICAL		vithout the candidate's or officeholder's knowledge or consent. Candidates and they receive notice of such expenditures	officeholders are required to report
COMMITTEE(S)	this intornation only it	they receive notice of such experiorates.	
OCIVIIVIT TEE(O)		COMMITTEE NAME	
	COMMITTEE TYPE		
		COMMITTEE ADDRESS	
	GENERAL	001111111111111111111111111111111111111	
1			
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE			
ACTIVITY	Chack hard if n	p reportable activity occurred during this reporting period. (Sign affidavit below an	ed submit pages 1 and 2 only)
ACTIVITI	[] Check here in h	preportable activity occurred during this reporting period. (Sight anidavit below an	d submit pages 1 and 2 only.)
18 CONTRIBUTION	1.	THE PROPERTY OF STATE	
TOTALS	TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$-0-
	PLEDO	BES, LOANS, OR GUARANTEES OF ECANS), UNLESS TEIMIZED	
	2. TOTAL	POLITICAL CONTRIBUTIONS	
		LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$52,170.00
	,		ψ02,110.00
EVDENDITIBE	2 TOTAL F	OUTION EXPENDITURES OF \$50 OR LESS LINES STEMIZED	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	* • •
TOTALS			\$-0-
		A CONTRACTOR OF THE CONTRACTOR	
	4. TOTAL	POLITICAL EXPENDITURES	
			\$8,400.32
OUTSTANDING	5. TOTAL F	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	
LOAN TOTALS		Y OF THE REPORTING PERIOD	\$
			°-0-
	<u> </u>		
19 AFFIDAVIT			
		I swear, or affirm, under penalty of perju	iry, that the accompanying report
		is true and correct and includes all info	· · · · · · · · · · · · · · · · · · ·
		me under Title 15, Election Code.	, , , , , , , , , , , , , , , , , , , ,
Ganacasa casaananananana	21.000001100000000000000000000000000000	me under title 15, Election code.	, ,
BE STANFORM BE	EVERLY ANN RESENDEZ		
1 8 3 A 3			1/2/10
NOT	ary Public, State of Texa		
My Co	ommission Expires 12-2	-03 Signature of Candida	te or Officeholder
Bassan	· · · · · · · · · · · · · · · · · · ·	2000	
AFFIX NOTARY STAM	P / SEAL ABOVE		
		_	1 cth
0		ne said CARROLLW. SCHNBERT.	this the
Sworn to and subscrib	ped before me, by t	the said Christian, South Color,	this the
of January 2	o 0 7 _ , to cei	tify which, witness my hand and seal of office.	
//		my serious, triangue my manue ante una est emeet	
/ / / / /	ΔU	A	
1 / LH	1/ X	Della In Ann 1/15endez	
/ / /		Beverly Ann Resender	of officer administering eath
Signature of officer ac	dministering oath	Printed name of officer administering oath	of officer administering oath

POLITICAL CONTRIBUTIONS

RECEIVED CITY OF SAN ANTONIO

The Instruction guide explains how to coplete this form.			STotal page Schedule A1:	
				Page 1 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics of	ommission filers)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
0/26/2002	David Zachry		\$100.00	
	Contributor address; City, State; Zip Code			
	313 Cloverleaf San Antonio, TX 78209			
Principal occu	pation (Optional)	Employer (Opt	conal)	,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
1/12/2002	Hill Granados Retail Part.		contribution (\$) \$1,000.00	description (if applicable)
	Contributor address; City; State; Zip Code		Ψ1,000.00	
	10223 McAllister Frwy #200 San Antonio, TX 7821	6		
Principal occu	pation (Optional)	Employer (Opt	onal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/17/2002	Louis Stumberg		contribution (\$) \$250.00	description (if applicable)
	Contributor address; City; State; Zip Code		\$255.00	
	832 Eventide San Antonio, TX 78209			
Principal occu	pation (Optional)	Employer (Opti	onal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/18/2002	John Zachry		\$100.00	оссоприон (п арриоддио)
	Contributor address; City; State; Zip Code			
	P.O. Box 340130 San Antonio, TX 78224			
Principal occup	pation (Optional)	Employer (Opto	onal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
/17/2002	David Carter		\$100.00	аозоприон (п арриоапе)
	Contributor address; City; State; Zip Code		4.23.33	
	708 El Prado Drive West San Antonio, TX 78212		 	
Principal occur	pation (Optional)	Employer (Opto	onal)	

Texas Ethics Comm	ission P.O. Box 12070 Austin, Texas 7	8711-2070	RE 0512) 463-5	800 1-800-325-8506
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN		ITY OF SAN ANTI- CITY OLERK	ONIO SCHEDULE A1
The Instruction of	guide explains how to coplete this form.	7.	Total pages Schedule A	3.50
				Page 2 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date	Full name of contributor out-of-state PAC (ID#:	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/23/2002	H. B. Zachry		\$250.00	description (if applicable)
	Contributor address; City; State; Zip Code		Ψ2.00.00	
	310 S. St. Mary's St. #2500 San Antonio, TX	78205		
Principal occup	Dation (Optional)	Employer (O	ptonal)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
9/17/2002	J.P. Zachry		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$250.00	
	310 S. St. Mary's St. #2500 San Antonio, TX	78205	:	
Principal occup	pation (Optional)	Employer (Or	ptonal)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
9/9/2002	Clark Boddy		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$75.00	
	156 Thelma Dr. San Antonio, TX 78212			
Principal occup	ration (Optional)	Employer (Op	otonal)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
9/17/2002	D. D. Behrens		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$250.00	
	142 E. Elsmere Place San Antonio, TX 78212			
Principal occup	ration (Optional)	Employer (Op	otonal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/13/2002	Jim Hayne		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$250.00	

110 Paseo Encinal San Antonio, TX 78212

Principal occupation (Optional)

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (Optonal)

POLITICAL CONTRIBUTIONS

RECEIVED CITY OF SAN ANTONIO

SCHEDULE A1

The Instruction	guide explains how to coplete this form.	2003 JAN 15	िनिराब <u>दि</u> र्बद्धकु श्रि hedule A1:	Page 3 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics com	mission filers)
Date 9/18/2002	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occup	oation (Optional)	Employer (Opto	nal)	
Date 8/15/2002	Full name of contributor out-of-state PAC (ID#: Consulting Engineers Council of TX PAC Contributor address; City; State; Zip Code 400 W. 15th St. #820 Austin, TX 78701		Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Opto	nal)	
Date 8/7/2002	Full name of contributor		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occup	lation (Optional)	Employer (Opto	nai)	
Date 8/9/2002	Full name of contributor out-of-state PAC (ID#: Ruben Escobedo Contributor address; City; State; Zip Code 745 E. Mulberry #777 San Antonio, TX 78212		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occup	vation (Optional)	Employer (Opto	nal)	
Date 7/30/2002	Full name of contributor out-of-state PAC (ID#: Gene Canavan Contributor address; City; State; Zip Code 8915 Datapoint #46-A San Antonio, TX 78230		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Opto	nal)	

exas Ethics Comm	nission P.O. Box 12070 Austin, Texas 787	11-2070	(512) 463-5	800 1-800-325-8506
_	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	CITY OF	ICEIV ED San antonio Y Clerk	SCHEDULE A1
The Instruction	guide explains how to coplete this form.	2003 JAN	15 Total pages Schedule A	Page 4 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT# (Ethics co	ommission filers)
Date 8/8/2002	Full name of contributor out-of-state PAC (ID#: Diran Yegparian Contributor address; City; State; Zip Code 25010 Flying Arrow San Antonio, TX 78258)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Op	otonal)	
Date 8/12/2002	Full name of contributor out-of-state PAC (ID#: Dan Webster, III Contributor address; City; State; Zip Code 305 Charles Road San Antonio, TX 78209		Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Op	otonal)	
Date 8/11/2002	Full name of contributor		Amount of contribution (\$) \$1 00.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Op	tonal)	
Date 8/7/2002	Full name of contributor out-of-state PAC (ID#: Donze Lopez Contributor address; City; State; Zip Code 130 Funston Pl. San Antonio, TX 78212		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Op	tonai)	
Date 8/8/2002	Full name of contributor out-of-state PAC (ID#: David Spencer Contributor address; City; State; Zip Code 26610 Harmony Hills San Antonio, TX 78258)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occup	ration (Optional)	Employer (Op	tonal)	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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THE MONEGON	guide explains how to coplete this form.		Total pages Schedute A	Page 5 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	
Date 8/7/2002	Full name of contributor out-of-state PAC (iD#: Wayne Harwell Contributor address; City; State; Zip Code P.O. Box 17065 San Antonio, TX 78217		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occup	Dation (Optional)	Employer (Optona	al)	
Date 8/5/2002	Full name of contributor out-of-state PAC (ID#: Tom Pawel Contributor address; City; State; Zip Code 123 Geneseo Road San Antonio, TX 78209		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occup	oation (Optional)	Employer (Optona	al)	
Date 8/6/2002	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occup	vation (Optional)	Employer (Optona	aí)	
Date B/2/2002	Full name of contributor out-of-state PAC (ID#: Steve DeWolf Contributor address; City; State; Zip Code 8123 Forest Hills Blvd. Dallas, TX 75218		Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Optona	ai)	
Date 3/8/2002	Full name of contributor		Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Optona	al)	

_	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	CHY OF S CHY	AN ANTONIO CLERK	SCHEDULE A
The Instruction	guide explains how to coplete this form.	2003 JAN	5 D 12: 50 Total pages Schedule A	1:
				Page 6 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics or	ommission filers)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
8/10/2002	Weir Labatt, III		contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code		\$100.00	
	136 W. Elsmere San Antonio, TX 78212			
Principal occu	pation (Optional)	Employer (O	ptonal)	l
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
8/5/2002	Mark Watson, III		contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code		\$100.00	
	1010 Wyckham Rise San Antonio, TX 78209			
Principal occu	pation (Optional)	Employer (O	otonal)	
			,	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
8/8/2002	Metropolitan Contracting Company LTD		\$250.00	description (ii applicable
	Contributor address; City; State; Zip Code		Ψ2.00.00	
	990 Isom Road San Antonio, TX 78216			
Principal occu	pation (Optional)	Employer (O	ptonal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/9/2002	Robert Scott		contribution (\$) \$250.00	description (if applicable
	Contributor address; City; State; Zip Code		\$250.50 	
	700 N. St. Mary's #1400 San Antonio, TX 7820	5		
Principal occu	pation (Optional)	Employer (O	ptonal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/6/2002	Ruth Kelleher Agather		contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code		\$200.00	
	300 W. French Place San Antonio, TX 78212			
	pation (Optional)	Employer (O		

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

The Instruction	guide explains how to coplete this form.	2003 JAN 1	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	11.
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FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics of	ommission filers)
Date 9/3/2002	Full name of contributor out-of-state PAC (ID#: Gary Blackie Contributor address; City; State; Zip Code 600 Travis #6275 Houston, TX 77002		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable
Principal occu	upation (Optional)	Employer (Optor	nal)	
Date 7/25/2002	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable
Principal occu	Ipation (Optional)	Employer (Optor	al)	ı
Date 9/9/2002	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable
Principal occu	pation (Optional)	Employer (Optor	al)	
Date 3/26/2002	Full name of contributor		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable
Principal occu	pation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occu	pation (Optional)	Employer (Opton	al)	

POLITICAL CONTRIBUTIONS

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CITY OF SAN ANTONIO

The Instruction	guide explains how to coplete this form.	7003 JAN Stotal pages Schedule A1:		
				Page 8 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable
3/28/2002	Bart Koontz		\$100.00	
	Contributor address; City; State; Zip Code			
	829 Contour Drive San Antonio, TX 78212			!
Principal occu	pation (Optional)	Employer (Optona	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/3/2002	Susan Poorman		\$500.00	description (il applicable)
	Contributor address; City; State; Zip Code		φου.σσ	
	2319 Albans Houston, TX 77005			
Principal occu	pation (Optional)	Employer (Optona	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/29/2002	Patricia Flynn		\$200.00	чезеприон (п аррнеавне)
	Contributor address; City; State; Zip Code		*	
	200 Bluffcove San Antonio, TX 78216			
Principal occu	pation (Optional)	Employer (Optona	if)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
/29/2002	Brad Galo		\$250.00	
	Contributor address; City; State; Zip Code			
	226 Country Lane San Antonio, TX 78209			
Principal occu	pation (Optional)	Employer (Optona	i)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
/19/2002	Arthur Emerson		\$75.00	accompact (ii applicable)
	Contributor address; City; State; Zip Code		Ų. 0.0 0	
	415 E. Huisache San Antonio, TX 78212			
Principal occu	Deation (Optional)	Employer (Optona	11)	

Texas Ethics Comm	ission P.O. Box 12070 Austin, Texas 78	3711-2070	(512) 463-58	00 1-800-325-8506	
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS Austin, Texas 78711-2070 Austin, Texas 78711-2070 P.O. Box 12070 Austin, Texas 78711-2070 CITY 05 SAN ANTONIO CITY 05 S					
The Instruction	usido evaloino haveta capita thio form	Z\	Total pages Schedule A	: 50	
i ne instruction (uide explains how to coplete this form.		Total pages scriedule A	Page 9 of 27	
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	mmission filers)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
8/18/2002	Fay Schuelke		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		\$50.00		
	240 Oleander Corpus Christi, TX 78404				
Principal occup	ration (Optional)	Employer (Opto	nal)		
		<u> </u>			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
8/8/2002	Gene Dawson, Jr.		\$500.00		
	Contributor address; City; State; Zip Code				
	208 N. Tower Drive San Antonio, TX 78232				
Principal occup	ation (Optional)	Employer (Opto	nal)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
7/26/2002	Curtis Gunn, Jr.		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		\$500.00		
	P.O. Box 598 San Antonio, TX 78292				
	·				
Principal occup	ation (Optional)	Employer (Opto	nal)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
7/23/2002	John Schaefer		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		\$1,000.00		
	8620 N. New Braunfels #400 San Antonio, TX	78217			
Principal occup	ation (Optional)	Employer (Opto	nal)		
D-1-	Full page of contributes	.		In 1200 Author	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
7/29/2002	George Hixon		\$1,000.00		
	Contributor address; City; State; Zip Code				
	315 E. Commerce #300 San Antonio, TX 7820	05			
Principal occup	ation (Optional)	Employer (Opto	nal)		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					
				. ,	
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	CITY OF SAM ONTY OLI IS	ANTONIO ERK	SCHEDULE A
The Instruction	guide explains how to coplete this form.	2003 JAM 15	Total pages Schedule A	Page 10 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date 7/22/2002	Full name of contributor out-of-state PAC (ID#: Jaimie & Allison Hayne Contributor address; City; State; Zip Code 110 E. Crockett San Antonio, TX 78205		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable
Principal occu	pation (Optional)	Employer (Opto	nal)	!
Date 7/22/2002	Full name of contributor out-of-state PAC (ID#: William Ellis Contributor address; City; State; Zip Code 29234 Seabiscuit Fair Oaks Rnch, TX 78015		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable
Principal occu	pation (Optional)	Employer (Opto	nal)	
Date 7/26/2002	Full name of contributor out-of-state PAC (ID#: Charles Cheever, Jr. Contributor address; City; State; Zip Code 501 Terrell Road San Antonio, TX 78209		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable
Principal occu	L pation (Optional)	Employer (Opto	nal)	
Date 7/11/2002	Full name of contributor out-of-state PAC (ID#	,	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable
Principal occu	pation (Optional)	Employer (Opto	nal)	
Date 7/15/2002	Full name of contributor out-of-state PAC (ID#: Jack Rogers Contributor address; City; State; Zip Code 2 Enchanted Wood San Antonio, TX 78248		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable
Principal occur	pation (Optional)	Employer (Opto	nal)	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS

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The Instruction	guide explains how to coplete this form.	783 Jili	Total pages Schedule A	1: Page 11 of 27	
FILER NAME Carroll W. Schubert			ACCOUNT # (Ethics co		
Date 7/10/2002	Full name of contributor out-of-state PAC (ID#: Martin, Drought & Torres Contributor address; City; State; Zip Code		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
Principal occu	300 Convent St. #2500 San Antonio, TX 78205	Employer (Optona	0		
Date 7/11/2002	Full name of contributor out-of-state PAC (ID#: Ernesto Ancira, Jr. Contributor address; City; State; Zip Code		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
Principal occu	P.O. Box 29719 San Antonio, TX 78229	Employer (Optonal)		
Date 7/11/2002	Full name of contributor out-of-state PAC (ID#: Mike Beldon Contributor address; City; State; Zip Code P.O. Box 13380 San Antonio, TX 78213		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
Principal occu	J. vation (Optional)	Employer (Optonal)		
Date 7/15/2002	Full name of contributor out-of-state PAC (ID#: Fulbright & Jaworski, Texas Committee Contributor address; City; State; Zip Code 1301 McKinney #1500 Houston, TX 77010		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
Principal occu	pation (Optional)	Employer (Optonal)		
Date 7/12/2002	Full name of contributor out-of-state PAC (ID#: Raba-Kistner PAC Contributor address; City; State; Zip Code P.O, Box 690287 San Antonio, TX 78269		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
Principal occu	pation (Optional)	Employer (Optona)		

	CAL CONTRIBUTIONS CITY R THAN PLEDGES OR LOANS	OF SAH ANTO CITY OLERK		SCHEDULE A
	guide explains how to coplete this form.	WH 15 P 12	Total pages Schedule A	M1:
				Page 12 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics of	ommission filers)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable
7/10/2002	Red McCombs		\$1,000.00	description (ii applicable
	Contributor address; City; State; Zip Code		Ψ1,000.00	[
	P.O. Box BH003 San Antonio, TX 78201			
Principal occu	pation (Optional)	Employer (Optona	1)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/11/2002	Ray ince		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$500.00	1
	2233 NW Loop 410 San Antonio, TX 78230			j I
Principal occup	pation (Optional)	Employer (Optonal))	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/15/2002	Gary Joeris		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$500.00	
	1710 Hadbury Lane San Antonio, TX 78248			
Principal occup	nation (Optional)	Employer (Optonal))	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/16/2002	James Allen		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$500.00	
	1262 Phantom Valley San Antonio, TX 78232			
Principal occup	nation (Optional)	Employer (Optonal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
/16/2002	Lioyd Denton		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$1,250.00	
	7979 Broadway #101 San Antonio, TX 78209			
Principal occup	vation (Optional)	Employer (Optonal)	

Principal occupation (Optional)

Austin, Texas 78711-2070RECEIVED **Texas Ethics Commission** P.O. Box 12070 1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS, MAN 15 P 12: 51 The instruction guide explains how to coplete this form. Total pages Schedule A1: Page 13 of 27 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) 7/17/2002 Gene Powell \$1,250.00 Contributor address; City; State: Zip Code 11 Lynn Batts Lane #100 San Antonio, TX 78217 Principal occupation (Optional) Employer (Optonal) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) 7/17/2002 Gordon Hartman \$1,000.00 Contributor address: City; 1175 W. Bitters Rd. San Antonio, TX 78216 Principal occupation (Optional) Employer (Optonal) out-of-state PAC (ID#: Date Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) 7/19/2002 Pat Frost \$50.00 Contributor address; Zip Code Citv: 604 Garraty Road San Antonio, TX 78209 Principal occupation (Optional) Employer (Optonal) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) 8/2/2002 J. R. Reed \$100.00 Contributor address: City: State Zip Code 7317 Ashton Place San Antonio, TX 78229 Principal occupation (Optional) Employer (Optonal) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 9/2/2002 Bert Pfiester \$100.00 Contributor address; State; Zip Code 144 E. French Pl San Antonio, TX 78212

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (Optonal)

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	TICAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	CITY OF SA	N ANTONIO	SCHEDULE A1
The Instruction	n guide explains how to coplete this form.	2003 JAN + S	Total pages Schedule	A1:
				Page 14 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics of	commission filers)
Date 8/1/2002	Full name of contributor out-of-state PAC (ID#: Al Moursund Contributor address; City; State; Zip Code 2515 McCullough San Antonio, TX 78212		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occ	upation (Optional)	Employer (Opto	nal)	
Date 8/1/2002	Full name of contributor out-of-state PAC (ID#: Ronnie Dausin Contributor address; City; State; Zip Code 8007 NE Loop 410 San Antonio, TX 78219		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occi	upation (Optional)	Employer (Opto	nal)	
Date 8/1/2002	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Opto	nal)	ł
Date 7/30/2002	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Opto	nal)	I
Date 8/10/2002	Full name of contributor out-of-state PAC (ID#: Bill Lyons, Jr. Contributor address; City; State; Zip Code 720 Castano Ave. San Antonio, TX 78209		Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Optor	nal)	
	ATTACH ADDITIONAL COPIES OF	THIS FORM AS N	BEEDED	

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The Instruction	guide explains how to coplete this form.	2003 JAN 15	Total pages Schedule A	1:
				Page 15 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date 7/25/2002	Full name of contributor out-of-state PAC (ID#: Tom Frost Contributor address; City; State; Zip Code P.O. Box 1600 San Antonio, TX 78296		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optona	11)	
Date 7/23/2002	Full name of contributor out-of-state PAC (ID#: Richard Evans Contributor address; City; State; Zip Code 315 Terrell Road San Antonio, TX 78209		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optona	l)	
Date 8/1/2002	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optona	i)	
Date 8/2/2002	Full name of contributor out-of-state PAC (ID#: Walter Embrey Contributor address; City; State; Zip Code 1100 NE Loop 410 #900 San Antonio, TX 78209		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optona	n)	
Date 8/1/2 00 2	Full name of contributor out-of-state PAC (ID#: William Balthrope Contributor address; City; State; Zip Code 4242 N. Pan Am Expwy San Antonio, TX 78218		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optona	1)	

_	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS		SAN ANTONIO YOUERK	SCHEDULE A
The Instruction	guide explains how to coplete this form.	2003 J/fi	Total pages Schedule A	
				Page 16 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date 7/31/2002	Full name of contributor out-of-state PAC (ID#: Leo Perron Contributor address; City; State; Zip Code		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	3707 N St. Mary's #201 San Antonio, TX 78212			
Principal occu	pation (Optional)	Employer (Opto	nal)	<u> </u>
Date 7/23/2002	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable
Principal occu	pation (Optional)	Employer (Opto	nal)	
Date 7/30/2002	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opto	nal)	ı
Date 7/31/2002	Full name of contributor out-of-state PAC (ID#: Charles Wiseman Contributor address; City; State; Zip Code 3023 Ironstone Ct. San Antonio, TX 78230		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opto	nal)	
Date 7/30/2002	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occur	pation (Optional)	Employer (Opto	no!\	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

The Instruction	guide explains how to coplete this form.	7083 JAN +>	Total pages Schedule A	1:
				Page 17 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	mmission filers)
	Carron W. Schabert			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/5/2002	Bob Coleman		\$250.00	
	Contributor address; City; State; Zip Code			
	615 Urban Loop San Antonio, TX 78204			
Principal occu	pation (Optional)	Employer (Optona	1)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
7/19/2002	Turner, Collie & Braden PAC		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$80.00	
	P.O. Box 130089 Houston, TX 77219			
Principal occu	pation (Optional)	Employer (Optona	l)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
//29/2002	Raba-Kistner PAC		contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code		\$110.00	
	P.O. Box 690287 San Antonio, TX 78269			
Principal occu	pation (Optional)	Employer (Optona	1)	* .
Date	Full name of contributor \hat{X} out-of-state PAC (ID#: \hat{L} \hat{V}	0287003	Amount of	In-kind contribution
7/15/2002	Parsons, Brinckerhoff, PAC		contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code		\$200.00	
	One Penn Plaza New York, NY 10119			
Principal occu	pation (Optional)	Employer (Optona	nl)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/2/2002	Randy Dym		contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code		\$250.00	
	17117 Redland Road San Antonio, TX 78247			
Principal occu	pation (Optional)	Employer (Optona	al)	I

POLITICAL CONTRIBUTIONS
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FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics of	ommission filers)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/19/2002	Pamela Bain		contribution (\$) \$50.00	description (if applicable)
	Contributor address; City; State; Zip Code		φου.σο	
	1026 Central Parkway S San Antonio, TX 78216	5		
Principal occu	pation (Optional)	Employer (Opto	nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/19/2002	LAN-PAC		\$50.00	description (if applicable)
	Contributor address; City; State; Zip Code		ψου.συ	
	1500 City West Blvd. 10th FI Houston, TX 7704	2		
Principal occu	pation (Optional)	Employer (Opto	nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/24/2002	Jesse Covarrubias		contribution (\$) \$60.00	description (if applicable)
	Contributor address; City; State; Zip Code		\$00.00	
	204 Shalimar San Antonio, TX 78213			
Principal occu	pation (Optional)	Employer (Opto	nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/16/2002	Richard Vensas		contribution (\$) \$70.00	description (if applicable)
	Contributor address; City; State; Zip Code		Ψ/ 0.00	
	2918 Old Ranch Road San Antonio, TX 78217			
Principal occup	pation (Optional)	Employer (Opto	nal)	A
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution description (if applicable)
7/22/2002	Brenda Vickrey Johnson		contribution (\$)	description (it applicable)
	Contributor address; City; State; Zip Code		\$100.00	
	13055 Hunters Circle N San Antonio, TX 78230			
Principal occup	Dation (Optional)	Employer (Opto	nal)	

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	CT	SAN ANTONIO Y CLERK	SCHEDULE A
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FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/30/2002	Don Durden		\$100.00	description (ii applicable
	Contributor address; City; State; Zip Code		\$100.00	
	411 FM 473 Comfort, TX 78013			<u> </u>
Principal occu	pation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/30/2002	Sam Barshop		contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code		\$1,000.00	
	900 Isom Road #300 San Antonio, TX 78216			
Principal occup	pation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/30/2002	Bill Kaufman		contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code		\$1,000.00	
	230 Country Lane San Antonio, TX 78209			
Principal occup	Deation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/2/2002	Harris Connell		contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code		\$250.00	
	3311 Falling Brook San Antonio, TX 78258			
Principal occup	pation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/31/2002	USAA Group PAC		contribution (\$)	description (if applicable
_	Contributor address; City, State; Zip Code		\$250.00	;
	USAA Building F-3-E San Antonio, TX 78288			
Principal occur	pation (Optional)	Employer (Opton	al)	1

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOANS		GF SAN ANTONII CITY CLERK	SCHEDULE A1
The Instruction	guide explains how to coplete this form.		Total pages Schedule A	11:
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FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics or	ommission filers)
Date 7/23/2002	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Opt	onal)	'
Date 7/7/2002	Full name of contributor		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occu	Ipation (Optional)	Employer (Opti	onal)	
Date 8/7/2002	Full name of contributor out-of-state PAC (ID#: Loeffler, Jonas & Tuggey Contributor address; City; State; Zip Code 755 E. Mulberry #200 San Antonio, TX 78212		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opto	onal)	
Date 7/30/2002	Full name of contributor		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opto	onal)	
Date 8/6/2002	Full name of contributor out-of-state PAC (ID#: Tom Loeffler Contributor address; City; State; Zip Code 150 Thelma San Antonio, TX 78212		Amount of contribution (\$) \$600.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opto	onal)	
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	ICAL CONTRIBUTIONS C! R THAN PLEDGES OR LOANS	TY OF SAN ANTONIO CITY CLERK		SCHEDULE A1
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FILER NAME	Carroll W. Schubert	ACCOUN	NT# (Ethics c	ommission filers)
Date 8/6/2002	Full name of contributor out-of-state PAC (ID#:	contri	ount of bution (\$)	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Optonal)		I
Date 8/1/2002	Full name of contributor out-of-state PAC (ID#: Tim Tuggey Contributor address; City; State; Zip Code 755 E. Mulberry #200 San Antonio, TX 78212	contri	ount of bution (\$)	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Optonal)		
Date 8/5/2002	Full name of contributor out-of-state PAC (ID#:	contril	ount of oution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optonal)		
Date 7/28/2002	Full name of contributor out-of-state PAC (ID#	contrit	ount of oution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optonal)		
Date 8/7/2002	Full name of contributor out-of-state PAC (ID#: SA Firefighters PAC Contributor address; City; State; Zip Code 8925 IH 10 West San Antonio, TX 78230	contrit	ount of oution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optonal)		

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction	guide explains how to coplete this form.		Total pages Schedule A	1: Page 22 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	-
Date 8/7/2002	Full name of contributor		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occup	Deation (Optional)	Employer (Optona	ai)	
Date 8/5/2002	Full name of contributor out-of-state PAC (ID#: Goode, Casseb Jones Riklin Choate Watson Contributor address; City; State; Zip Code P.O. Box 120480 San Antonio, TX 78212		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occup	nation (Optional)	Employer (Optona	al)	
Date 8/5/2002	Full name of contributor out-of-state PAC (ID#: GSABA - PAC Contributor address; City; State; Zip Code 10430 Gardendale San Antonio, TX 78230		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occup	Dation (Optional)	Employer (Optona	al)	
Date 8/7/2002	Full name of contributor out-of-state PAC (ID#: Law Office of David Fritsche Contributor address; City; State; Zip Code 921 Proton Road San Antonio, TX 78258		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occup	nation (Optional)	Employer (Optonal)		
Date 7/19/2002	Full name of contributor out-of-state PAC (ID#: Cyndi Taylor Krier Contributor address; City; State; Zip Code 106 S. St. Mary's #800 San Antonio, TX 78205		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occur	bation (Optional)	Employer (Opton	al)	

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	·	AN ANTONIO CLERK	SCHEDULE A1
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FILER NAME	Carroll W. Schubert		ACCOUNT# (Ethics co	ommission filers)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/7/2002	James Schwartz		\$200.00	
	Contributor address; City; State; Zip Code		V 200.00	
	300 Alamo #200 San Antonio, TX 78205			
Principal occu	upation (Optional)	Employer (Op	ptonal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/7/2002	Ernest Bromley		contribution (\$) \$500.00	description (if applicable)
	Contributor address; City; State; Zip Code		\$500.00	
	104 E. Eismere San Antonio, TX 78212			
Principal occu	upation (Optional)	Employer (O	ptonal)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
8/7/2002	J.D. Pauerstein		contribution (\$)	description (if applicable)
J	Contributor address; City; State; Zip Code		\$100.00	
	301 Hill Country Ln. San Antonio, TX 78232			
Principal occu	upation (Optional)	Employer (O	ptonal)	I
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
8/7/2002	James Jonas, III		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$200.00	
	755 E. Mulberry #200 San Antonio, TX 78212			
Principal occu	upation (Optional)	Employer (O	ptonal)	I
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
8/7/2002	Rene Wender		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$250.00	
	11745 Mill Rock Road San Antonio, TX 78230			1
Principal occu	upation (Optional)	Employer (O	ptonal)	
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The Instruction	guide explains how to coplete this form.	2003 JAN 15	Total pages Schedule A	1:
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FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date 3/7/2002	Full name of contributor out-of-state PAC (ID#: Doug Beach Contributor address; City; State; Zip Code 217 Alamo Plaza #300 San Antonio, TX 78205		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optona	n)	
Date 3/7/2002	Full name of contributor out-of-state PAC (ID#: Milton Guess Contributor address; City; State; Zip Code 800 Navarro #210 San Antonio, TX 78205		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optona	ŋ	
Date 8/7/2002	Full name of contributor out-of-state PAC (ID# George Windrow Contributor address; City; State; Zip Code 1415 Blackbird Lane San Antonio, TX 78248		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optona	ŋ	I
Date 9/7/2002	Full name of contributor out-of-state PAC (ID#: Charles Amato Contributor address; City; State; Zip Code 9311 San Pedro #600 San Antonio, TX 78216		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optona	ı)	
Date 3/7/2002	Full name of contributor out-of-state PAC (ID#: George Vaughn Contributor address; City; State; Zip Code 13803 Bluffmont San Antonio, TX 78216		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optona	l)	

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	CHTY OF SAN CHTY CI	ANTONIO ERK	SCHEDULE A1
The Instruction	guide explains how to coplete this form.	2003 JAN 15	Total pages Schedule A	l:
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FILER NAME	Carroll W. Schubert		ACCOUNT# (Ethics co	mmission filers)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/7/2002	Steve Pritchard		\$100.00	, , , , , , , , , , , , , , , , , , , ,
	Contributor address; City; State; Zip Code			
	701 Ivy Lane San Antonio, TX 78209			
Principal occu	pation (Optional)	Employer (Opto	nal)	
Date	Fuil name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/7/2002	Steven Marks		contribution (\$) \$500.00	description (if applicable)
	Contributor address; City; State; Zip Code		\$500.00	
	1219 Asherton Way San Antonio, TX 78258			
Principal occu	pation (Optional)	Employer (Opto	nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/7/2002	Luis Ramones		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$250.00	
	18411 Rogers Pass San Antonio, TX 78258			
Principal occu	pation (Optional)	Employer (Opto	nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/7/2002	John Montford		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$1,000.00	
	1 Buckingham Court San Antonio, TX 78257			
Principal occu	pation (Optional)	Employer (Opto	onal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/6/2002	Greg Prescott		contribution (\$)	description (if applicable)
\$7.50. 	Contributor address; City; State; Zip Code		\$250.00	
	1942 Far Niente San Antonio, TX 78258			
Principal occur	pation (Optional)	Employer (Opto	nal)	
	ATTACH ADDITIONAL COPIES O	OF THIS FORM AS I	NEEDED	
If	contributor is out-of-state PAC, please see instru			irements.

Texas Ethics Comm	ission P.O. Box 12070 Austin, Texas 7	8711-2070	(512) 463-58	300 1-800-325-8506
1	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	CITY 0 C NS	(512) 463-58 F SAN ANTONIO ITY OLERK	SCHEDULE A1
The Instruction	guide explains how to coplete this form.		Total pages Schedute A	1:
				Page 26 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/7/2002	Brad Davis		\$500.00	description (if applicable)
	Contributor address; City; State; Zip Code		φουσ.σσ	
	11434 Whisper Dawn San Antonio, TX 78230			
Principal occup	vation (Optional)	Employer (Opt	onal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/7/2002	Paul Denham		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$250.00	
	22430 Sierra Blanca San Antonio, TX 78259			
Principal occup	ation (Optional)	Employer (Opt	onal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/18/2002	Linebarger, Goggan Blair & Sampson		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$1,000.00	
	711 Navarro #300 San Antonio, TX 78205			
Principal occup	nation (Optional)	Employer (Opt	onal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/6/2002	Roger Hill, Sr.		contribution (\$) \$50.00	description (if applicable)
	Contributor address; City; State; Zip Code		φ30.00	
	210 W. Lynwood San Antonio, TX 78212			
Principal occup	ation (Optional)	Employer (Opt	onal)	
Date	Full name of contributor		Amount of	In-kind contribution
8/2/2002	Bury + Partners		contribution (\$)	description (if applicable)

Zip Code

Contributor address;

Principal occupation (Optional)

City; State;

10000 San Pedro#100 San Antonio, TX 78216

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (Optonal)

\$250.00

Texas Ethics Comm	ission P.O. Box 12070 Austin, Texas 78	711-2070 _E	⊋FF() FFT\√ (51⁄3) 463 -58	900 1-800-325-8506
i - -	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	CITY	RECEIV (513) 463-56 Of San Antonio Dity Clerk	SCHEDULE A1
OTHER	THAN PLEDGES OR LOAN		111 P 12: 5	
The Instruction (guide explains how to coplete this form.	మైట్రమే ఆ	Total pages Schedule A	Page 27 of 27
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	mmission filers)
Date 8/6/2002	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occup	vation (Optional)	Employer (Op	otonal)	
Date 8/6/2002	Full name of contributor out-of-state PAC (ID#: Paul Ruckman Contributor address; City; State; Zip Code 1807 Shoal Run San Antonio, TX 78232		Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Op	otonal)	
Date 8/6/2002	Full name of contributor out-of-state PAC (ID#: Jimmie Thurmond, III Contributor address; City; State; Zip Code 105 Montclair Ave. San Antonio, TX 78209		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Op	otonal)	
Date 8/6/2002	Full name of contributor		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occu	Dation (Optional)	Employer (O	ptonal)	
Date 10/10/2002	Full name of contributor out-of-state PAC (ID#: GSABA- PAC Contributor address; City; State; Zip Code)	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
I.	10430 Gardendale San Antonio, TX 78229			

Principal occupation (Optional)

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (Optonal)

97/12/02 FRI 05:02 FAX 202783 2837

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

	e reverse side for instructions		
(a) NAME OF COMMITTEE IN FULL Check II	name is changed)	2. DATE	
Parsons Brinckerhoff, Inc. PAC			ember 28, 1993
(b) Number and Street Address (Check)	address is changed)	I ANTONIO	ENTIFICATION NUMBER
One Penn Plaza	A THE PARTY OF THE		S STATEMENT AN AMENOMENT?
(c) City, State and ZIP Code	Spring & St. Aur	4. IS 141	
New York, NY 10119		P 12:51	411
TYPE OF COMMITTEE (Check one)	COLUMN COLUMN	(12. 13.	
(a) This committee is a principal campaign com (b) This committee is an authorized committee.			e candidate information below.)
Name of Candidate	Candidate Party Affiliation	Office Sought	State/District
(c) This committee supports/opposes only one	oandidate(name of can		NOT an authorized committee.
	•		Party
(d) This committee is a (National, State or	committee committee	(Democratic.	Republican, etc.)
		(55	•
(e) This committee is a separate segregated fu			
(1) This committee supports/opposes more than			d fund or a party committee.
Name of Any Connected	Mailing Add		Relationship
Organization or Affiliated Committee	ZIP G	008	
Parsons Brinckerhoff, Inc.	One Penn Plaza New York, NY 10	119	Connected
Type of Connected Organization Corporation Corporation w/o Capital Stock Custodian of Records: Identify by name, address (precords.	Labor Organization Member	ship Organization Tra	22922100 OL COLLIGHTING DOOKS BY
Full Name	Mailing Address		Title or Position
	one Penn Plaza, New 1		
B. Treasurer: List the name and address (phone numb	er - optional) of the treasurer of th	committee; and the nar	ne and address of any designate
agent (e.g., assistant treasurer).	Mailing Address		Title or Position
Full Name	_	10110 m	esurer
James L. Lammie One Penn	Plaza, New York, NY	204-2	
Robert Prieto One Penn	Plaza, New York, NY	10119 Ass	sistant Treasurer
9. Banks or Other Depositories: List all banks or off boxes or maintains funds. Name of Bank, Depository, etc. Chase Manhattan Bank, N.	Melling	Address and ZIP Code Avenue, New York	•
I certify that I have examined this Statement and to the	best of my knowledge and belief	is true, correct and con	plete.
TYPE OR PRINT NAME OF TREASURER James L. Lammie	SIGNATURE OF TREASURED		12-25-9
AUST: Culturated on of folion property of incomplete	information may subject the person FORMATION SHOULD BE REPO	n signing this Statement RTED WITHIN 10 DAYS	to the penalties of 2 U.S.C. 5437
ANT CHANGE IN IN	PORMATION STREET	TILLY THINK TO CALL	TOO HABII
F	or further Information comact: ederal Election Commission oil-free 800-424-9530		FEC FORM (revised 4/1

07/12/02 FRI 05:02 FAX 202783 2837

2003 MULTICATION OF MULTICANDIDATE STATUS (See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. RECEIVED CITY OF SAN ANTONIO CITY CLERK 1. (a) NAME OF COMMITTEE IN FULL Parsons Brinckerhoff Inc. PAC (b) Number and Street Address 2. FEC IDENTIFICATION NUMBER C00287003 One Penn Plaza 3. TYPE OF COMMITTEE (check one) (c) City, State and ZIP Code STATE PARTY **OTHER** New York, NY 10119 I certify that one of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: _ FEC Identification Number: STATUS BY QUALIFICATION: (a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.): State/District Date Office Sought Name (i) House Candidate Dexas/30th Dist. 11/27/94 Middie Bernise Johnson rexas/24th Dist.11/27/94 (ii) House Candidate Martin Frost (iii) House Candidate Newas/16th Dist 2/1/94 Ron Coleman (iv) House Candidate Nevad#2nd Dist. 2/9/94 Barbara Vucanovich House Candidate Mexas/6th Dist. 2/14/94 (v) Joe Barton Contributors: The committee received a contribution from its 51st contributor on: June 21, 1994 **(b)** (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: December 28, 1993. (d) Qualification: The committee met the above requirements on: June 21, 1994

Leading that I have a seminary this States	nent and to the best of my knowledge and belief it is true, correct and	i complete.
TYPE OR PRINT NAME OF TREASUR	ER SIGNATURE OF TREASURER	DAIE
Robert Prieto, Assistant		June 30, 1994
NOTE: Submission of false, erroneous, o	or incomplete information may subject the person signing this Statem CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 D	ent to the penalties of 2 U.S.C. §437g. DAYS.
	For further information contact:	FEC FORM 1M

Toll-free 800-424-9530 Local 202-219-3420

(9/93)

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a) NAME OF COMMITTEE IN F	uu.	(Check if name is changed)	2. DATE		
arsons Brincke	rhoff Inc.	PAC	2/1/96		RECEIVED CITY OF SAN ANTO
) Number and Street Address		(Check If address is changed)	3. FEC Identifica	tion Number	GITY CLERK
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) City, State and ZIP Code	_		4. Is This Report YES	An Amendment?	2003 JAN 15 P 12
W York, NY 1			1 00 120		
		impaign committee. (Comp d committee, and is NOT a			the candidate information below.)
Name of C	andidate	Candida	te Party Affiliation	Office Sought	State/District
(c) This com	mittee supports/oppos	es only one candidate	(name of can	didate)	is NOT an authorized committee.
(d) This com	mittee is a	lonal, State or subordinate	committee o	(the(Democrat	lic, Republican, etc.)
	mittee is a separate s mittee supports/oppos	.	candidate and Is NC	DT a separate segrégat	ed fund or a party committee.
	ne of Any Connected on or Affiliated Comr		Mailing Add		Relationship
Type of Connected	Organization Corporation w/o Capi	Ital Stock 🗆 Labor Organ	ization Members	hip Organization Tr	ade Association Cooperative
7. Custodian of Rec	ords: Identify by name	e, address (phone number	- optional) and por	sition of the person in p	ossession of committee books an
records.	ull Name	Mailing /			Title or Position
agent (e.g., assisti	unt treasurer). uli Name	Mailing /	Address	·	me and address of any deelgnated Title or Position
Robert Pr		ne Penn Plaza			
9. Banks or Other De or maintains funds	epositories: List all ba		which the committee	10 Accista depocks funds, holds a Address and ZIP Code	ccounts, rents safety deposit boxe
tily that I have examined the			nd belief it is true, a OF TREASURER	orrect and complete.	DATE
eca Print Name Of T Obert Prieto	HEASUHEH	SIGNATURE	A L		2/1/96
NOTE: Submission of fals	e, erroneous, or incom	nplete Information may sub IN INFORMATION SHOL	ject the person signi JLD BE REPORTED	ng this Statement to the WITHIN 10 DAYS.	penalties of 2 U.S.C. §437g.
		For further information Federal Election Comm Toll-free 800-424-9530	nission	FE5AN045	FEC FORM 1

STATEMENT OF ORGANIZATION

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ersons Brinckerhoff Inc. PAC	-C HY- 07-3 A	HANTONIO	1/6/97 3. FEC IDENTIFICATION NUMB	ER
(D) HONDER WITH THE COLUMN TO	ddress is changed)	CLERK	C00287003	
One Penn Plaza			4. IS THIS STATEMENT AN AME	NDMENT
c) City, State and ZIP Code	2003 JANA 15	; P 12: 5	X YES NO	
New York, NY 10119				
YPE OF COMMITTEE (Check one)				
(a) This committee is a principal campaign commi				
(b) This committee is an authorized committee, ar	nd is NOT a principal campaign	committee. (Co	mplete the candidate informati	on below
Name of Candidate	Candidate Party Affiliation	Office Sought	Class / Diatrics	
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(c) This committee supports/opposes only one ca	ndidate(name of car	odidate)	and is NOT an authorized	committe
	(name or car			Par
(National, State or se	hordinate) committee	of the (De	mocratic, Republican, etc.)	
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(e) This committee is a separate segregated fund				
(f) This committee supports/opposes more than o	ne Federal candidate and is No	OT a separate s	egregated fund or a party com	mittee.
Name of Any Connected	Mailing Add		Relations	
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ſ	(a) This comm	ittee is a principal	l campaign comm	nittee. (Complete	the candidate in	nformation below.)		
((8) (1.1.2 50				_	tues (Complete II	ne candidate information be	low.)
,	(h) This comm	ittee is an authori	ized committee, r	and is NOT a pri	ncipal campaign	COURTHINGS: (COMPIGE:	ne candidate information be	_
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7	Custodian of Rec	ords: Identify by	name, address (r	phone number -	- obnousi) sun b	QSIBOTI OT WITE P		
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1	F	ull Name		Wanna 😽	101633	a. sev 1011	c Assistant Tr	ea:
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PE OR	YEART +		4.4.3-444	metica mev sub	ect the person si	IN In In and Areston		
PE OR	TE: Submission of fa	lse, erroneous, or	r incomplete intol	Illanoit thay con	DOC DEDART	ED WITHIN 10 DAYS.		
PE OR	Robert PLI	ise, erroneous, or ANY CH	r incomplete inici IANGE IN INFOR	RMATION SHOU	LD BE REPORT			
PE OR	TE: Submission of fa	lse, erroneous, or ANY CH	For fud	RMATION SHOU ther information at Election Comm	contact:	ED WITHIN 10 DAYS.	FEC FOI	RN

POLIT	TICAL EXPENDITURES		CEIVED SAN ANTONIO	SCHEDULE F
The Instruction ç	guide explains how to coplete this form.	2003 JAN	Total pages Schedule F:	Page 1 of 8
FILER NAME			ACCOUNT # (Ethics cor	nmission filers)
	Carroll W. Schubert		ACCOUNT # (Lancs con	minission mers,
Date	Payee name			Amount
7/1/02	Allison Greer			(\$) #64.70
				\$64.70
	1723 Typhoon San Antonio, TX 78248			
Purpose of payment (Se required.)	be instructions regarding type of information	**Complete if direct Candidate / Officeholder	t expenditure to benefit C/OH ** name Office so	ought Office held
	Reimb./Supplies			
Date	Payee name	700 W 1		Amount
7/7/02	U.S. Postmaster			(\$) \$179.00
	Payee address; City; State; Zip Code			Ψ110.00
	10250 John Sanders San Antonio, TX 782	246		
Purpose of payment (Se required.)	ee instructions regarding type of information Postage & Box Renewal	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office s	ought Office held
Date	Payee name			Amount (\$)
7/7/02	Cingular Wireless			\$124.80
	Payee address; City; State; Zip Code			
	P.O. Box 4460 Houston, TX 77097			
Purpose of payment (So required.)	ee instructions regarding type of information	**Complete if direc Candidate / Officeholder	at expenditure to benefit C/OH ** name Office s	ought Office held
	Monthly Service/June			
Date	Payee name			Amount (\$)
8/7/02	Office Depot			\$49.61
	Payee address; City; State; Zip Code	,		
	13404 San Pedro San Antonio, TX 78216	5		
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office :	sought Office held
	Labels, posters for fundraiser			
	ATTACH ADDITIONAL COP	PIES OF THIS FORM	AS NEEDED	

1-800-325-8506

Austin, Texas 78711-2070

POLI	TICAL EXPENDITURES	CITY OF	DEIVED SAN ANTONIO	SCHEDULE F
The instruction	n guide explains how to copiete this form.	2633 241	Total pages Schedule F:	Page 2 of 8
FILER NAM	Carroll W. Schubert		ACCOUNT # (Ethics co	mmission filers)
	Carron vv. Ochubert			
Date 7/27/02	Payee name U.S. Postmaster			Amount (\$)
1121102				\$222.00
	Payee address; City; State; Zip Code 10250 John Sanders San Antonio, TX 78			
Purpose of payment (sequired.)	See instructions regarding type of information	**Complete if direct e Candidate / Officeholder na	xpenditure to benefit C/OH ** me Office s	ought Office held
	Postage			
Date	Payee name	**************************************		Amount (\$)
7/12/02	Cingular Wireless			\$38.30
	Payee address; City; State; Zip Code	······		
	P.O. Box 4460 Houston, TX 77097		•	
Purpose of payment (See instructions regarding type of information	**Complete if direct e	expenditure to benefit C/OH ** ame Office s	sought Office held
,	Monthly Service/July			
Date	Payee name			Amount (\$)
8/7/02	Black Tie Catering			\$1,361.52
	Payee address; City; State; Zip Cod	e		
	258 Deerwood San Antonio, TX 78209			
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direct of Candidate / Officeholder na	expenditure to benefit C/OH ** ame Office	sought Office held
	Catering for Fundraiser			
Date	Payee name			Amount (\$)
8/7/02	Nathan Sanderson			\$30.00
	Payee address; City; State; Zip Coo			
	819 Karen Dr. San Antonio, TX 78218			
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH * lame Office	sought Office held
	Contract Labor for Fundraiser			
	ATTACH ADDITIONAL CO	PIES OF THIS FORM A	S NEEDED	

Texas Ethics Commission

POLIT	ICAL EXPENDITURES	RECEIVED City of San Antonio	SCHEDULE F
The Instruction g	ulde explains how to copiete this form.	Total pages Schedule F:	Page 3 of 8
FILER NAME		ACCOUNT # (Ethics con	nmission filers)
	Carroll W. Schubert	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Date	Payee name		Amount (\$)
8/7/02	Armando Garza		\$30.00
	Payee address; City; State; Zip Code 219 Edgebrook San Antonio, TX 78212		
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office so	ought Office held
,	Contract Labor for Fundraiser		
Date	Payee name		Amount (\$)
8/12/02	Allison Greer		\$45.20
	Payee address; City; State; Zip Code		
	1723 Typhoon San Antonio, TX 78248		
	ee instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office so	ought Office held
required.)	Reimb./Paper & Copies	Candidate / Cincerolder Harrie	Jacob Late
Date	Payee name		Amount (\$)
8/12/02	Saglimbeni Sales		\$168.65
	Payee address; City; State; Zip Code		
	628 W. Rhapsody San Antonio, TX 78216		
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s	ought Office held
	Host Appreciation Gifts		
Date	Payee name		, Amount (\$)
8/12/02	Cingular Wireless		\$38.38
	Payee address; City; State; Zip Code		
	P.O. Box 4460 Houston, TX 77097		
Purpose of payment (S	ee instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s	sought Office held
,	Monthly Service/Aug.		
	ATTACH ADDITIONAL COP	IES OF THIS FORM AS NEEDED	

Texas Ethics Commission

(512) 463-5800 1-800-325-8506

POLIT	TICAL EXPENDITURES	REC	EIVED	SCHEDULE F
The Instruction	guide explains how to coplete this form.	0117 2003 JAR	Total pages Schedule F:	Page 5 of 8
FILER NAME			ACCOUNT # (Ethics cor	nmission filers)
	Carroll W. Schubert		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Date	Payee name	244		Amount (\$)
9/18/02	Allison Greer			\$116.60
	Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248			
Purpose of payment (Se	ee instructions regarding type of information	**Complete if direc	t expenditure to benefit C/OH ** name Office so	ought Office held
, ,	Reimb./Flowers, Office Supplies			
Date	Payee name	•		Amount (\$)
10/30/02	Overstreet Photography			\$80.91
	Payee address; City; State; Zip Code			
	8126 Broadway San Antonio, TX 78209			
Purpose of payment (So required.)	ee instructions regarding type of information	**Complete if direc Candidate / Officeholder	et expenditure to benefit C/OH ** name Office so	ought Office held
	Reprints			
Date	Payee name			Amount (\$)
10/30/02	MLC Marketing			\$169.71
	Payee address; City; State; Zip Code			
	255 Claywell San Antonio, TX 78209			
Purpose of payment (S required.)	ee instructions regarding type of information Stationary	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office s	ought Office held
Date	Payee name			Amount (\$)
10/30/02	Cingular Wireless			\$87.73
	Payee address; City; State; Zip Code P.O. Box 4460 Houston, TX 77097			
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direction Candidate / Officeholder	ct expenditure to benefit C/OH **	ought Office held
	Monthly Service/Oct.			
	ATTACH ADDITIONAL COP	PIES OF THIS FORM	AS NEEDED	

POLIT	ICAL EXPENDITURES		RECEIVED	SCHEDULE F
		CIT	Total pages Schedule F:	
The Instruction g	uide explains how to coplete this form.	2 033	JAN 15 P 12: 5	Page 6 of 8
FILER NAME		2000	ACCOUNT # (Ethics co	ommission filers)
	Carroll W. Schubert		ACCOUNT # (Ellics co	minission increy
Date	Payee name			Amount (\$)
11/12/02	Carroll Schubert			\$433.99
	Payee address; City; State; Zip Code			
3	P.O. Box 460455 San Antonio, TX 78246			
Purpose of payment (Secrequired.)	e instructions regarding type of information	**Complete if direct Candidate / Officeholder r	expenditure to benefit C/OH ** name Office s	ought Office held
	Reimb./Hall of Fame Trip			
Date	Payee name	Company of the Compan		Amount (\$)
11/12/02	Cingular Wireless			\$66.81
	Payee address; City; State; Zip Code			
	P.O. Box 4460 Houston, TX 77097			
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direct Candidate / Officeholder r	t expenditure to benefit C/OH ** name Office s	
	Monthly Service/Nov.			
Date	Payee name			Amount (\$)
11/20/02	Allison Greer			\$82.97
	Payee address; City; State; Zip Code			
	1723 Typhoon San Antonio, TX 78248			
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direct	t expenditure to benefit C/OH ** name Office s	
	Reimb./Staff Lunches			
Date	Payee name			Amount (\$)
11/30/02	U.S.Postmaster			\$222.00
	Payee address; City; State; Zip Code			
	10250 John Sanders San Antonio, TX 78	246		
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direc Candidate / Officeholder	at expenditure to benefit C/OH ** name Office	sought Office held
	Postage for Direct Mail			
	ATTACH ADDITIONAL COP	PIES OF THIS FORM A	AS NEEDED	

Texas Ethics Commission

POLIT	TICAL EXPENDITURES	me or	IVED	SCHEDULE F
The Instruction (guide explains how to coplete this form.	, , ,	ANTONIO CLERAMO ages Schedule F:	Page 7 of 8
FILER NAME		filed from .	ACCOUNT # (Ethics com	mission filoro)
	Carroll W. Schubert		ACCOUNT # (Ethics com	mission mers)
Date	Payee name			Amount (\$)
12/6/02	R.S.V.P.			\$518.88
	Payee address; City; State; Zip Code 255 E. Basse Road San Antonio, TX 782			
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direct of Candidate / Officeholder na	expenditure to benefit C/OH ** ame Office sou	ight Office held
· · ·	Direct Mail			
Date	Payee name			Amount (\$)
12/10/02	Quarry Golf Club			\$1,433.59
	Payee address; City; State; Zip Code			
	444 E. Basse Road San Antonio, TX 782	09		
Purpose of payment (Se	ee instructions regarding type of information	**Complete if direct of Candidate / Officeholder na	expenditure to benefit C/OH ** ame Office sou	ight Office held
	D-9 Alliance Holiday Reception			
Date	Payee name			Amount (\$)
12/11/02	Cingular Wireless			\$73.63
	Payee address; City; State; Zip Code			·
	P.O. Box 4460 Houston, TX 77097			
Purpose of payment (Si required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** ame Office sou	ught Office held
	Monthly Service/Dec.			
Date	Payee name			Amount (\$)
12/11/02	Nicole Fowles			\$14.86
	Payee address; City; State; Zip Code			
	San Antonio, TX			
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** ame Office so	ught Office held
	Reimb./Nametags, batteries			
	ATTACH ADDITIONAL CO	PIES OF THIS FORM A	S NEEDED	

POLIT	ICAL EXPENDITURES	R	ECHIVED	SCHEDULE F
The Instruction g	juide explains how to copiete this form.	C H Y G ር 2893 . 14	F SAN AN TONIO Total Tope Schedule F:	Page 8 of 8
FILER NAME				
	Carroll W. Schubert		ACCOUNT # (Ethics con	nmission filers)
Date	Payee name			Amount (\$)
12/11/02	Allison Greer			\$32.78
	Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248			·
Purpose of payment (Serequired.)	e instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** name Office so	ought Office held
required.)	Reimb./Invitations	Candidate? Officeroids in	name office so	ngin Cinecined
Date	Payee name			Amount
12/20/02	Piatti			(\$) \$109.94
!	Payee address; City; State; Zip Code			φ100.04
	255 E. Basse San Antonio, TX 78209			
Purpose of payment (Se required.)	e instructions regarding type of information Staff Lunch	**Complete if direct Candidate / Officeholder r	expenditure to benefit C/OH ** name Office so	ought Office held
Date	Payee name			Amount
12/31/02	Linebarger, Goggan Blair & Sampson			(\$) \$1,000.00
	Payee address; City; State; Zip Code			\$1,000.00
	711 Navarro #300 San Antonio, TX 78205			
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direct Candidate / Officeholder r	expenditure to benefit C/OH ** name Office so	ought Office held
	Refund of Campaign Contribution			
Date	Payee name			Amount (\$)
				(Ψ)
	Payee address; City; State; Zip Code			
	,			
Purpose of payment (Se required.)	se instructions regarding type of information	**Complete if direct Candidate / Officeholder	t expenditure to benefit C/OH ** name Office s	ought Office held
	ATTACH ADDITIONAL COF	PIES OF THIS FORM A	S NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED
CITY OF SAN ANTONIO

SCHEDULE G

	2093 JAN 15 FP 12: 52	
FILER NAM	- 3 ACCOUNT A	# (Ethics Commission filers)
Darroll W. Sc Date		
Date	5 Payee name Hyatt Regency Dallas	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	300 Reunion Blvd. Dallas, Texas 75207	\$215.99
	Bailds, rexas 75207	
	7 Purpose of expenditure (See instructions regarding type of information	Reimbursement from political contributions
0/16/02	Hotel Stay for Hall of Fame Dinner	contributions intende
Date	Payee name Southwest Airlines	Amount (\$)
	Payee address; City; State; Zip Code	
	P.O. Box 36611 Dallas, Texas 75235	\$198.00
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement Reimbursement
10/16/02	Airline Ticket for Hall of Fame Dinner	contributions intende
Date	Payee name	Amount
	King Cab Company	(\$)
	Payee address; City; State; Zip Code	
	10920 Indian Trail #201 Dallas, Texas 78229	\$20.00
	Purpose of expenciature (See instructions regarding type of information required.)	Reimbursement Prom political
10/17/02	Cab Fare for Hall of Fame Dinner	contributions intende
Date	Payee name	Amount M
	Payee address; City; State; Zip Code	
i		
	Purpose of expenditure (See instructions regarding type of information required.)	Paimbursoment
		Reimbursement from political contributions intended
Date	Payee name	Amount
	Payee address; City; State; Zip Code	(\$)
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbuläement
		contributions intended